This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED AMOUNT						
8-22-24	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	2024/1	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		20241 Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
В		ns: all legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of iary, not that of the parent corporation.						
Owner	List any oth	her name or names under which the owner conducts the business of the cable system.						
		ere different owners during the accounting period, only the owner on the last day of the accounting period should submit a single of account and royalty fee payment covering the entire accounting period.						
	Check here	e if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	23047					
	I FGAL	NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	CABLE O							
		SS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		ADDRESS OF OWNER OF CABLE SYSTEM						
		EARLL DRIVE reet, rural route, apartment, or suite number)						
	PHOEN (City, town, s	NIX, AZ 85012-2626 state, zip)						
С		S: In line 1, give any business or trade names used to identify the business and operation of the system u appear in space B. In line 2, give the mailing address of the system, if different from the address given in s						
System	1	CATION OF CABLE SYSTEM:						
	_	KLIGHT ADDRESS OF CABLE SYSTEM:						
	619 NC	DRTH MAIN						
	2 (Number, str	reet, rural route, apartment, or suite number)						
		6, OK 73521 state, zip code)						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	1	FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Namo	CABLE ONE, INC.	23047
	Instructions: List each separate community served by the cable system. A "comm	
D	separate and distinct community or municipal entity (including unincorporated co	
	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will	serve as a form of system identification hereafter known as the "first
	community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobil	le home parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	ALTUS	OK
Community	ALTUS AFB	OK
	FREDERICK	OK
Add Rows as Necessary	JACKSON COUNTY	OK
	BLAIR	OK
	TIPTON	OK
		-

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID# 23047

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK 2			
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
Service to first set	338	\$54.00				
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	23	\$84.95				
Converter						
Residential	338	10.50				
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 1					
CATEGORY OF SERVICE	CE RATE CATEGORY OF SERVICE RATE				CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	10.99-19.00	Motel, hotel			Standard IPTV	\$77.75
 Pay cable—add'l channel 		Commercial			Digital Value Pak	16.00
 Fire protection 		• Pay cable			Hispanic Tier	6.00
Burglar protection		Pay cable-add'l channel		ĺ		
Installation: Residential		Fire protection				
First set	\$50-100.00	Burglar protection				
 Additional set(s) 		Other services:		ĺ		
 FM radio (if separate rate) 		Reconnect				
Converter		Disconnect		ĺ		
		Outlet relocation				
		Move to new address				

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. 23047

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

 Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each

multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KAUZ-1	22	N	WICHITA FALLS, TX
KAUZ-2	22	I-M	WICHITA FALLS, TX
KFDX	28	N	WICHITA FALLS, TX
KJBO-LP	35	l	WICHITA FALLS, TX
KJTL	15	l	WICHITA FALLS, TX
KSWO-1	11	N	LAWTON, OK
KSWO-2	11.2	I-M	LAWTON, OK
KSWO-3	11.3	I-M	LAWTON, OK
KETA	13	E	OKLAHOMA CITY, OK
KOED	11	E	TULSA, OK
KSWO-2-SIMUL	11	I-M	LAWTON, OK
KFDX-SIMUL	28	N	WICHITA FALLS, TX
KAUZ-SIMUL	22	N	WICHITA FALLS, TX
KSWO-SIMUL	11	N	LAWTON, OK
KJTL-SIMUL	15	I-M	WICHITA FALLS, TX

Accounting Period: 2024/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC.

23047

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KEYB	FM	X	ALTUS, OK				
	l						
	l						

	1 2024/4											
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	·FM·				F	SYSTEM ID#				
Name	CABLE ONE, INC.	0.1522 0.01						23047				
	SUBSTITUTE CARRIAGE	- SPECIA	LSTATEMEN	NT AND PROGRAM I O	G							
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.											
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
Statement and Program Log	broadcast by a distant station?											
i rogram Log	Note: If your answer is "No		rost of this pac	no blank. If your answer is	"Voc" vou mi	ist comple	_					
	log in block 2.	, leave tile	rest of this pay	ge blatik. II your aliswer is	i es, you iii	ast comple	ste tile bio(grann				
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in											
	effect on October 19, 1976.		E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7.			7. REASON FOR				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION				
							_					
							_					
		†										
		 		 								
		 					-=					
				<u> </u>								
				<u> </u>								
		_		 								
		_										
		_										
				+								
					-							
					-							

	LEGAL NAME OF OWNER OF (CABLE SYSTEM:					8	YSTEM II	
Name	CABLE ONE, INC.	ONDEE OF OF EM.						2304	
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 168,839.63								
	IMPORTANT: You must						(Amount of gr	ross receipts)	
Copyright Royalty Fee	COPYRIGHT ROYALTY Instructions: To compute • Complete block 1, block : Use block 1 if the amoun • Use block 2 if the amoun • Use block 3 if the amoun See page (vi) of the general	the royalty fee you on the royalty fee you on the control of gross receipts in the front of gross receipts in the	n space K is \$13 n space K is mo n space K is mo	re than \$137,100 re than \$263,800) but less	than \$527,600	\$263,800		
		BLOCK	1: GROSS RE	CEIPTS OF \$13	37,100 OF	RLESS			
	Instructions: As a cable sysaccounting period is \$52.00		pts of \$137,100	or less, the royalty	y fee that y	ou must pay for t	his six-month		
	Line 1. Royalty fee for acco	ounting period							
	Line 2. Interest charge. Er	nter the amount from	line 4, space Q,	page 8				0.00	
	Line 3. TOTAL ROYALTY	FEE PAYABLE FOR	RACCOUNTING	PERIOD. Add lir	nes 1 and 2	2			
		OCK 2: GROSS R							
	Base amount under stat	utory formula			. \$	263,800.00)		
	Enter amount of gross re	eceipts from space K			. \$	168,839.63	-		
	3. Subtract line 2 from line	1			\$	94,960.37	<u> </u>		
	4. Enter the amount of gro	ss receipts from spac	e K			\$	 168,839.63		
	5. Enter the amount from li	ne 3				\$	94,960.37		
	6. Subtract line 5 from line	4				\$	73,879.26		
	7. Multiply line 6 by .005 (e	nter figure here)					\$	369.40	
	8. Interest charge. Enter the	ne amount from line 4	I, space Q, page	8				0.00	
	9. TOTAL ROYALTY FEE	PAYABLE FOR ACC	COUNTING PER	IOD. Add lines 7	and 8		\$	369.40	
	BLC	OCK 3: GROSS RE	CEIPTS OF M	ORE THAN \$26	3,800 (bu	ut less than \$52	7,600)		
	Enter the amount of group	ss receints from snac	e K						
	Base amount under stat)		
	Subtract line 2 from line						<u>—</u>		
	4. Multiply line 3 by .01						_		
	5. Royalty due on the first 9						1,319.00		
	6. Interest charge. Enter the								
	7. TOTAL ROYALTY FEE								
		FILING FEE	AND TOTAL R	EMITTANCE DI	UE				
Filing Fee and otal Remittance Due	1. Royalty Fee Payable for	Accounting Period (fi	rom Block 1, 2, c	r 3, above)		\$	369.40		
Due	2. Filing Fee (See the instr	uctions for more infor	mation on filing f	ee calculations) .		\$	20.00		
	3. TOTAL AMOUNT DUE	FOR ACCOUNTING	PERIOD. Add	ines 2 and 3			\$	389.40	
	Important: Your	remittance must be	in the form of a	ın electronic pay	ment pay	able to the Regi	ster of Copyrigh	nts!	

Accounting Period:	2024/1					FC	DRM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE ONE, INC.	CABLE SYSTEM:					SYSTEM ID# 23047
M Channels	CHANNELS Instructions: You must g to its subscribers, and (2) 1. Enter the total number system carried television 2. Enter the total number on which the cable system and nonbroadcast serv	the cable system's of channels on which broadcast station of activated channels em carried television	total number of activate h the cable s	ed channels during the a	accounting period.	15 227	
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CON we can contact about this Name JENAE			S NEEDED (Identify an ir		none 602-364-6092	
Information	Address 210 E. (Number, s	EARLL DRIVE treet, rural route, apartr	nent, or suite number)		Тобря	002-304-0032	
	(City, town	JENAE.HECK@	CABLEONE.BIZ		Fax (optional 602-364	4-6013	
O Certification	(Agent of owner in line 1 of	certify that (Check on an corporation or pa other than corporat space B and that the er) I am an officer (if space B.	e, but only one, of the bortnership) I am the own ion or partnership) I ar owner is not a corporation a corporation) or a partrereby declare under pen	er of the cable system as in the duly authorized ager on or partnership; or her (if a partnership) of the alty of law that all stateme	identified in line 1 of space ont of the owner of the cab e legal entity identified as	ce B; or le system as identified owner of the cable system	
			_	Tran sture on the line above to "/s/ signature" (e.g., /s/ J		_	
		Typed or printed Title:		T & TREASURER			
		Date:			August 22, 2024		

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bunting Period: 2024/1		FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
BLE ONE, INC.		23047
SPECIAL STATEMENT CONCERNING GROSS RE The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the service of providing secondary transmissions of primary scribers and amounts collected from subscribers receiving	on 111(d)(1)(A), of the Copyright Act by adding the fol- gross amounts paid to the cable system for the basic broadcast transmitters, the system shall not include sub-	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see to located in the paper SA1-2 form.	he note on page (vii) of the general instructions	Receipts Exclusion
During the accounting period, did the cable system exclude any made by satellite carriers to satellite dish owners?	amounts of gross receipts for secondary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) belo	ow \$	
Name Mailing Address	Name Mailing Address	
Mailing Address		
INTEREST ASSESSMENT		
	submitted as a result of a late payment or undernayment	_
You must complete this worksheet for those royalty payments s For an explanation of interest assessment, see page (viii) of the		Q
, 13 ()		
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
	x	
Line 2 Multiply line 1 by the interest rate* and enter the sum he	ere	
	x days	
	· ·	
Line 3 Multiply line 2 by the number of days late and enter the	x 0.00274	
Line 4. Multiply line 2 has 0 00074** and anten have	A 3.33 <u>2</u>	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or	block 3 line 6 \$ -	
	(interest charge)	
* To view the interest rate chart click on www.copyright.gov. contact the Licensing Division at (202) 707-8150 or licens	,	
** This is the decimal equivalent of 1/365, which is the interest	est assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of a list below the owner, address, first community served, ID numb		
Owner		
Address		
ID number First community served		
Accounting period		
· · · · · · · · · · · · · · · · · · ·		ı

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